IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Timothy Bestor
Serial No. : 09/051,013 Examiner: D.J. Steadman
Filed : October 9, 1998 Group Art Unit: 1652
For : CHIMERIC DNA-BINDING/DNA METHYLTRANSFERASE NUCLEIC ACID
AND POLYPEPTIDE AND USES THEREOF

Mail Stop RCE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: March 18, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

XX Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	9 -	* 47 =	*** 0 X	\$25	\$50	=	0	
Independent Claims	4 -	** 7 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u>X</u> No				\$180	\$360	=		
				TOTAL ADDITIONAL FEE			\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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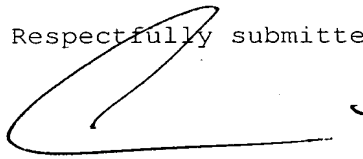
The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
- ☒ Return Receipt Postcard
- ☐ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☐ No ☐
and a fee of \$ included)
- ☐ A Petition for an Extension of Time, including a fee of
\$ for a Petition for Month(s) Extension of Time
- ☒ Other (identify): Request for Continued Examination (RCE) transmittal
form in duplicate

THE TOTAL FEE DUE IS \$ 395.00.

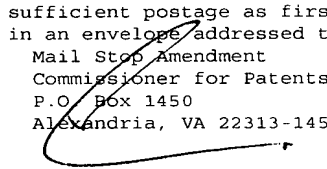
- ☒ A check in the amount of \$ 395.00 is enclosed.
- ☐ Please charge Deposit Account No. in the amount of
\$.
- ☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
- ☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
- ☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
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P.O. Box 1450
Alexandria, VA 22313-1450.



Alan J. Morrison
Reg. No. 37,399

3/18/05
Date